

# ESG HOUSING HABITABILITY STANDARDS INSPECTION CHECKLIST

**Instructions:** Mark each statement as 'A' for approved or 'D' for deficient. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved or Deficient	Element
	1. <b>Structure and materials:</b> The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
	2. <b>Access:</b> The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
	3. <b>Space and security:</b> Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep.
	4. <b>Interior air quality:</b> Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
	5. <b>Water Supply:</b> The water supply must be free from contamination.
	6. <b>Sanitary Facilities:</b> Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
	7. <b>Thermal environment:</b> The housing must have adequate heating and/or cooling facilities in proper operating condition.
	8. <b>Illumination and electricity:</b> The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
	9. <b>Food preparation and refuse disposal:</b> All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
	10. <b>Sanitary condition:</b> The housing and any equipment must be maintained in sanitary condition.
	11. <b>Fire safety:</b> Both conditions below must be met to meet this standard. <ul style="list-style-type: none"> <li>a. Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.</li> <li>b. The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.</li> </ul>

(Source: U.S. Department of Housing and Urban Development)

# ESG HOUSING HABITABILITY STANDARDS INSPECTION CHECKLIST

## CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

- ☐ Property meets all of the above standards.  
☐ Property does not meet all of the above standards.

Therefore, I make the following determination:

- ☐ Property is approved.  
☐ Property is not approved.

Client Name:	<input type="text"/>
Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Landlord Name:	<input type="text"/>
Landlord Number:	<input type="text"/>
Date of inspection:	<input type="text"/>
If any deficiencies were found, please list required repairs below:	
1. <input type="text"/>	2. <input type="text"/>
3. <input type="text"/>	4. <input type="text"/>
5. <input type="text"/>	6. <input type="text"/>
7. <input type="text"/>	8. <input type="text"/>
9. <input type="text"/>	10. <input type="text"/>
Date of Re-inspection schedule for: <input type="text"/>	
Evaluator's Name (print): <input type="text"/>	
Evaluator's Signature: _____ Date: <input type="text"/>	
Exec. Director's Initial: _____	

**Lead Screening Worksheet**

Client Name:

Address:

Contact Number:

**Determine Whether the Unit is Subject To A Visual Assessment**

If the answer to one or both of the following questions is 'no', a visual assessment is Not triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file.

1. Was the leased property constructed before 1978?

☐

Yes

☐

No

2. Will a child under the age of six be living in the unit occupied by the household receiving ESG assistance?

☐

Yes

☐

No

**Lead-Based Paint Visual Assessment Certification**

I, , certify the following:

☐

I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.

☐

I conducted a visual assessment at(address)

on(date)

☐

No problems with paint surfaces were identified in the unit or in the in the building's common areas.

\_\_\_\_\_  
(Signature)

(Date)